

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

(This return should preferably be made
by the person who made the original).

SUPPLEMENTARY REPORT OF BIRTH

Local Registrar's No. * 232

Place of Birth Central County Graham No. _____ St. _____
(Registration District)

SEX OF CHILD *	Twin Triplet or other?	{ and }	Number * in order of birth
<u>Boy</u>			<u>4</u>

DATE OF BIRTH* 12/29- 1929
(Month) (Day) (Year)

FULL* FATHER
NAME Emory B. Hubbard

FULL* MOTHER
NAME Andrey Taylor

I HEREBY CERTIFY that the child described herein has
been named-

Joseph Morgan Hubbard
(Given name in full) (Surname)

Emory B. Hubbard
(Father's or Mother's Signature)

W. E. Platt
(Signature of Physician or Midwife)

*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.
Local registrars must mail supplemental reports immediately to state registrar.

PLEASE WRITE PLAIN AND IN INK.

184-1224-139

